

**New Jersey Emission Repair Technician
Re-Certification Application**
(Please Type or Print in Ink.)

PART A

All information is required except where noted as optional. Incomplete applications will be returned.

Name: _____ **I.D. #: ERT** ____ ____ ____ ____ ____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____

Phone # (optional): _____

E-mail Address (optional): _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

E-mail Address (if applicable): _____

PART B

*Please completely fill out either Section 1 below or Section 2 at the top of the next page.
Incomplete applications will be returned.*

Section 1 - Test Track – Please attach copies of your ASE certificates.

ASE A6 Expiration Date: _____

ASE A8 Expiration Date: _____

ASE L1 Expiration Date: _____

Section 2 – Education Track – Please attach a copy of your training certificate or training history.

Did you take the Advanced Placement Instrument (API)? _____ If yes, please list where and when:

Training Provider: _____ Date Taken: _____

ETEP OBDII Course Completion Date: _____

Name & Address of Approved Training Provider
where the ETEP OBDII Course was attended:

Name of Course Instructor(s):

PART C

Please completely fill out below. Incomplete applications will be returned.

Check One: _____ NJ Specific OBDII Module _____ Inspector Training OBDII & Safety Module

Name & Address of Approved Training Provider
where above-checked module was attended:

Date(s) Attended:

Name of Instructor(s):

PART D

Release Statement and Signature - REQUIRED OR APPLICATION WILL BE RETURNED.

By submission of this application, I hereby authorize the NJDEP, or its authorized agent, to independently verify the information contained herein. I further authorize the ETEP/Inspector Training Providers, ASE, or their designated representatives to release my official training transcripts and/or current certification status for this purpose. All information provided on this application will remain confidential.

SIGNATURE _____ DATE _____

Please submit completed application to the following address:

NJ ERT Application Center, P.O. Box 4306, Leesburg, VA 20177

Or, Fax to: (703) 669-6127

For Inquiries Regarding This Application:

Toll Free Phone #: (888) 286-0313

For All Other Inquiries:

NJDEP: (609) 530-4035